Wisconsin Department of Health and Family Services

Pharmacy NewsCapsule

Division of Disability and Elder Services/Bureau of Quality Assurance (BQA)

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What's in this issue?

A Medication Error Occurred…Now What? By Doug Englebert, R.Ph.

This article is not intended to be an editorial, but is rather a compilation of events, observations and considerations dealing with medication errors.

The definition of a medication error can often differ from facility to facility. Some facilities consider it a medication error if an error occurred in the system, but was caught before it reached the resident or patient. Some facilities consider a medication error to have occurred only when it affects/reaches the patient. Each facility type may have regulations or surveyor guidelines that define medication errors. For example, in nursing homes, in the medication pass task (F-Tag 332), a medication error is defined as administration errors that reach the resident.

What about medication errors that do not reach the patient? Facilities should be actively monitoring these types of incidents through quality assurance (QA) processes. Part of the QA process should be to monitor national and local communications like sentinel event reporting and medication error databases. Sentinel event reports are an outside resource that a facility can use to identify a potential weakness within their own facility. When asking about facility QA programs, surveyors should determine if that program addresses medication error prevention.

Another important consideration for surveyors is the facility's response to medication errors. Facilities whose staff does not take immediate action after determining a significant medication error run the risk of receiving more severe citations. For example, a significant medication error occurs and staff fails to call the physician for direction, and/or the staff fails to monitor the person or send them to another facility, e.g., a hospital emergency room, where the person could be adequately monitored. Surveyors should focus their investigation on gathering facts about the medication error and what the facility response to that error was. Proper responses to medication errors includes the immediate support/measures that needs to be provided to the resident, but should also include the evaluation and implementation of systemic changes in the facility's medication policies and procedures to prevent similar errors from occurring in

the future. Surveyors typically focus on evidence gathering about the circumstances of the error and what action was taken by the facility. This is very appropriate; however, if possible, surveyors should also investigate what the facility did, or did not do, about addressing potential systems problems, i.e., quality assurance interventions.

New Drugs

Brand Name	Generic Name	Use
Azilect	Rasagiline	A MonoAmine Oxidase inhibitor for Parkinson's Disease.
Chantix	Varenicline	A partial nicotinic receptor agonist for smoking cessation.
Eraxis	Anidulafungin	An IV antifungal for treatment of Candida infections.
Gardasil	Human papillomavirus (HPV) vaccine	Vaccine to prevent disease cause by HPV, e.g., cervical cancer, genital warts.
Prezista	Darunavir	A protease inhibitor used with ritonavir for advanced HIV.
Sprycel	Dasatinib	Oral tyrosine kinase inhibitor for leukemia.
Sutent	Sunitinib	Oral tyrosine kinase inhibitor for stomach and kidney cancer.
Zostavax	Zoster Vaccine (Live)	Vaccine to prevent shingles in people older than 59 years of age.

Consultant Corner **By Doug Englebert, R.Ph.**

1) **Are electronic signatures allowed for medication orders?**
In 1997, the Bureau of Quality Assurance issued memo 97-013, which is still in effect. This states that "providers may maintain individual medical records with electronic signatures in a computerized environment, as long as the provider has a written policy…" Pharmacies also have pharmacy regulations related to allowing electronic signatures for prescriptions. Facilities need to work with their pharmacy to make sure that the processes that are in place for electronic signatures meet the requirements of the facility as well as the pharmacy. BQA memo 97-013 and pharmacy regulations can be respectively accessed at: http://dhfs.wisconsin.gov/rl_DSL/Publications/pdfmemos/97013.pdf and http://www.legis.state.wi.us/rsb/code/phar/phar007.pdf

2) **Can a facility "pre-pour" medication?**
"Pre-pouring" medications is the process of taking medications out of the pharmacy dispensed medication container and placing them in separate

medication cups for distribution to a number of residents. This allows the person administering medications to go from person to person without having to stop and prepare medications for each resident. There are standards, and in some cases regulations, that specifically mandate that the person who prepares medications shall administer them. In addition, safe medication practices or standards direct that medications should be prepared for persons one at a time. When multiple medication cups are set up at the same time there is an increased risk of medication errors.

3) **Why do we need to always get new orders for some medications, but not others?**
Medication prescriptions have limitations for many reasons. In some cases, new prescriptions may be needed due to reimbursement requirements. In other cases, medication prescriptions may be time-limited. For example, prescriptions for Schedule II medications, e.g., morphine, oxycodone, may be limited to a 60-day time frame from the date the prescription is written. Facilities need to work with their pharmacy to determine what requirements may apply to them.

Focus Drug of the Quarter **By Doug Englebert R.Ph.**

Chantix® (Varenicline)

The recently approved smoking cessation drug Chantix (varenicline) became available in United States pharmacies the first part of August 2006.

Usual Dosage for Adults
Smoking cessation therapies are more likely to succeed for patients who are motivated to stop smoking and who are provided additional advice and support. Patients should be provided with appropriate educational materials and counseling to support their cessation attempt.

Information for Patients:
Patients should be instructed to set a date to quit smoking and to initiate CHANTIX treatment one week before the cessation date.

Patients should be advised that CHANTIX should be taken after eating, and with a full glass of water.

Patients should be instructed how to titrate CHANTIX. The recommended dose of CHANTIX is 1 mg twice daily following a 1-week titration as follows:
Days 1 – 3: 0.5 mg once daily
Days 4 – 7: 0.5 mg twice daily
Day 8 – End of treatment: 1 mg twice daily

Patients should be encouraged to continue to attempt to quit if they have early lapses after the initial cessation date.

Patients should also be provided with educational materials and necessary counseling to support their attempt to quit smoking.

Patients should be informed that some medications may require dose adjustment after they quit smoking.

Patients intending to become pregnant, or planning to breast-feed an infant, should be advised of the risks of smoking and risks and benefits of smoking cessation with CHANTIX.

Patients who cannot tolerate the adverse effects of CHANTIX may have the dose lowered temporarily or permanently. Patients should be treated with CHANTIX for twelve weeks. For patients who have successfully stopped smoking at the end of twelve weeks, an additional twelve-week course of treatment with CHANTIX is recommended to increase the likelihood of long-term abstinence. Patients who do not succeed in stopping smoking during twelve weeks of initial therapy, or who relapse after treatment, should be encouraged to make another attempt once factors contributing to the failed attempt have been identified and addressed.

Adverse Effects

Patients should be informed that nausea and insomnia are side effects of CHANTIX and are usually transient; however, patients should be advised that if they are persistently troubled by these symptoms, they should notify the prescribing physician so that a dose reduction can be considered.

The most common adverse events associated with CHANTIX, in addition to nausea and sleep disturbance, are constipation, flatulence, and vomiting. Smoking cessation, with or without treatment, is associated with nicotine withdrawal symptoms. The most common adverse event associated with CHANTIX treatment is nausea. For patients treated to the maximum recommended dose of 1 mg twice a day, the incidence of nausea was 30%. Nausea was generally described as mild or moderate and often transient; however, for some subjects, it was persistent throughout the treatment period.